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R. HUNT 01/24/23

COVER LETTER

TO: Registration Section Division of Corporations	
L'ESSENTIEL LLC SUBJECT:	
<u> </u>	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Nataly Thomas	
Name of Person	
	20 62 70 63
Firm/Company	
1532 KESTREL WAY	
Address	PH 6: 23
BRANDON, FL 33511	
City/State and Zip Code	
NATTCOREONLINE@GMAIL.COM	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please (call:
LUIS GONZALEZ	786 308-0938
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	t:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

1NHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

		(1	o)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1532 KESTREL WAY		1532 KFS	STREL WAY	
			1552 RESTREE WAT		
	BRANDON, FL 33511		BRANDO	ON, FL 33511	
	02/14/2020		L2000005	2315	
	Date of filing/registration in Florida	4.		Document number	
(0)					
. (a)	Registered Agent and Registered Office shown on the records of	of the Florid	a Dept. of Sta	te:	
	UNITED STATES CORPORATION AGENTS, INC.			F)	
	Registered Office Address	TADDRES.	<u></u>		
	5575 S. SEMORAN BLVD. 36			12 P	
	ORLANDO FL 32822			BUN 24 PH 4: 23	
	r	l			
(b)				23 7.	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u>	ed Office ac	ldress:		
	LGA SERVICES LLC				
	NEW Registered Office Address:			_	
	5201 BLUE LAGOON DR STE 908				
				_	
	MIAMI , F	33126			
	,	*			
the l	imited liability company is not organized under the la	aws of the	State of Fl ed office an	orida, it is hereby confirmed that after the id the business office of the registered	
iange jent v	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited by	e register iability co	ed office an impany, it i	id the business office of the registered s hereby confirmed that the change(s)	
iange ient v as/w	or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited be are authorized by an affirmative vote of the members	e register iability co of the lin	ed office an impany, it i iited liabilit	id the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in	
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